



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy No. DOC 1.2.18	Subject: FLEET VEHICLE MANAGEMENT
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 2 and Attachments
Section 2: Fiscal Management	Effective Date: Dec. 1, 1997
Signature: /s/ Mike Ferriter, Director	Revision Dates: 03/01/02; 04/18/06; 07/18/06

I. POLICY

The Department of Corrections will ensure the safety and serviceability of all state-owned and leased fleet vehicles by tracking assignments, repairs, maintenance, and mileage prior to usage.

II. APPLICABILITY

All Department divisions, facilities, and programs.

III. REFERENCES

- A. 2-17-401 through 2-17-432; *Montana Code Annotated*
- B. Volume 1, Chapter 1-0500; *Montana Operations Manual*
- C. DOC Policy 1.2.18A, *Vehicle Operations*

IV. DEFINITIONS

Maintenance Facility – For the purpose of this policy, the location where vehicles are maintained and maintenance records and reports are compiled and available for audit purposes.

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility, or program operation and management.

V. DEPARTMENT DIRECTIVES

A. Facility/Program Requirements

1. Each administrator will implement the following fleet assignment and management procedures:
 - a. identify vehicles and equipment that are assigned to each division/facility/program or responsibility center;
 - b. review vehicle records to determine optimal fleet size and most cost effective accountability methods;
 - c. maintain individual vehicle histories to include maintenance, repair, and operating costs per mile/hour;
 - d. develop routine and emergency repair maintenance schedules;
 - e. identify vehicle additions, replacements, or disposal;
 - f. equip each vehicle with Report of Incident forms on which to report any incident that impacts the vehicle appearance and operation;

Policy No. DOC 1.2.18	Chapter 1: Administration and Management	Page 2 of 2
Subject: FLEET VEHICLE MANAGEMENT		

- g. upon request, provide vehicle maintenance, use, condition, and abuse reports to the administrator and the Administrative & Financial Services Division; and
- h. report vehicle assignments, maintenance, and mileage each month as follows:
 - 1) State-owned vehicles – mail the State-owned Vehicle Report form (see Attachment B, filed separately in electronic manual) to: Accounting Clerk, Administrative & Financial Services Division, P.O. Box 201301, Helena, MT 59620, by the 15th of each month. Include all gas receipts and copies of any maintenance work done.
 - 2) Leased vehicles – report mileage to the accounting clerk at the Administrative & Financial Services Division by email at: cwinkley@mt.gov, or by phone at 406-444-5681 by the 15th of each month.

B. Permanent Vehicle Assignments

- 1. An employee may request a permanent vehicle assignment by completing and submitting the Request for Vehicle Assignment form to his or her supervisor (see Attachment A).
- 2. The administrator and the Department director must approve any permanent vehicle assignments which are only permitted if consistent with the Department's mission, division or facility operational needs, and other Department and state policies.
- 3. A copy of the Request for Vehicle Assignment form, complete with all signatures for approval, must be filed with the Administrative & Financial Services Division.
- 4. The Department fiscal bureau will maintain information correlating the assignment, maintenance, and usage of all Department vehicles.

VI. CLOSING

Questions concerning this policy should be directed to the appropriate administrator.

VII. ATTACHMENTS

Request for Vehicle Assignment	(Attachment A)
State Owned Vehicle Report	(Attachment B)
<i>Filed separately in the electronic policy manual</i>	



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

REQUEST FOR VEHICLE ASSIGNMENT

Requesting Facility: _____

Employee Assigned
to the Vehicle: _____

Justification:

PERMANENT VEHICLE ASSIGNMENT WILL BE ALLOWED ONLY WHEN DOING SO
IS CLEARLY CONSISTENT WITH THE DEPARTMENT'S MISSION AND THE
OPERATIONAL NEEDS OF THE FACILITY/PROGRAM.

Signature of Approval by Immediate Supervisor

Date

Signature of Approval by Administrator

Date

Signature of Approval by Director

Date